



Quick Facts for Clinicians on Antiviral Treatments for 2009 H1N1

While use of influenza antivirals in the United States has increased during the 2009-2010 flu season, there are still many misconceptions about these medications. Listed below are some key facts to consider when deciding whether a patient needs to be treated with antiviral medication.

It's Not Too Late After 48 Hours

While antiviral treatment is most effective when begun within 48 hours of influenza illness onset, studies have shown that hospitalized patients still benefit when treatment is started with oseltamivir more than 48 hours after illness onset. Outpatients, particularly those with risk factors for severe illness who are not improving, might also benefit from treatment initiated more than 48 hours after illness onset.

Many 2009 H1N1 Patients Can Benefit From Antiviral Treatment

All hospitalized patients with suspected or confirmed 2009 H1N1 should receive antiviral treatment with a neuraminidase inhibitor – either oseltamivir or zanamavir. Moderately ill patients, especially those with risk factors for severe illness, and those who appear to be getting worse can also benefit from neuraminidase inhibitors.

No Risk Factors Does Not Mean No Antiviral Treatment

While antivirals are recommended for treatment of 2009 H1N1 in patients with risk factors for severe disease, some people without risk factors may also benefit from antivirals. In fact, 40% of children and 20% of adults who end up hospitalized with complications of 2009 H1N1 have no risk factors. Clinical judgment is always an essential part of treatment decisions.

Treatment Shouldn't Wait Until Laboratory Confirmation

The earlier antiviral treatment is given, the more effective it is for the patient. If you suspect flu and feel antiviral treatment is warranted, then treat even if the rapid test is negative. Some rapid influenza screening tests may produce false negative results and obtaining more accurate testing results can take more than one day.

Capsules Can Ease Oseltamivir Suspension Shortage

Commercially produced pediatric oseltamivir suspension is in short supply. However, there are ample supplies of children's oseltamivir capsules, which can be mixed with syrup at home. Pharmacies can also compound adult oseltamivir capsules into a suspension for treatment of ill infants and children. Additional information on compounding can be found at: <http://www.cdc.gov/H1N1flu/pharmacist/>.

For more information please see the latest CDC antiviral guidance: <http://www.cdc.gov/h1n1flu/antivirals/>

References

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